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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/625,527			ing Date 24/2003	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
FOR			NUMBER FI	.ED NU	MBER EXTRA	Г	RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1 16(a), (b),	or (c))	N/A		N/A	1	N/A		1	N/A	
SEARCH FEE (37 CFR 1 16(k), (i), or (m))			N/A		N/A	]	N/A			N/A	
EXAMINATION FEE (37 CFR 1,16(o), (p), or (q))			N/A		N/A		N/A			N/A	
TOTAL CLAIMS (37 CFR 1.16(i))			minus 20 =			]	x \$ =		OR	X \$ =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 =			l	X \$ =		1	X 8 =	
H the specification and drawings exceed 100 better of pager, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or Intaction thereof. See 35 U.S.C. 41(q)fY(g) and 37 CFR 1.16(g).											
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						J					
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		J	TOTAL	
APPLICATION AS AMENDED – PART II  (Column 1) (Column 2) (Column 3)  [CLAIMS HIGHEST							SMAL	L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	03/23/2011	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	* 8	Minus	20	= 0	ı	x s =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 1	Minus	3	- 0	1	X \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column 2)	(Column 3)				-		
ENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16()))		Minus		-		X \$ =		OR	X S =	
₽	Independent (37 CFR 1 16(h))	*	Minus	***	-	]	X \$ =		OR	X \$ =	
N.	Application Size Fee (37 CFR 1.16(s))					]			l		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					l			OR		
									OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3.  If If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Iotal or independent) is the highest number found in the appropriate box in column 1.  The "Highest Number Previously Paid For" (Iotal or independent) is the highest number found in the appropriate box in column 1.  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.											

into consciond information is required by 3 of Let 1. 16. The findmand is required to doctand or feature a developed public window in a let and by the Public process) an application. Confidentially is governed by 38 U.S.C. 122 and 37 CHI. 14. This condition is estimated to late 2 intellines to one injective including gathering, preparing and submitting the completed application form to the USPTO. Time will wary depending upon the individual case. Any comments on the amount of time you require to complete this form and ors suggestions for reducing this burdon, should be sent to the Cell eliteration (10. Elit and and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2231-0. DN OT SEND, FESS OR COMPLEED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 2231-31-350.